

PERMIT REVISION APPLICATION



Revision No:	_
(for Town use) Submittal Date:	
Job-Site Address:	
Permit/Subdivision No:	
Person to Contact:	
Phone No:	_ Fax No:
Email Address:	
	For all others, provide description below
Increase in Project Valuation: \$	or No increase in Project Valuation
Number of Sheets: Please on	
(Below dashed line is for Town use only)	
Plan Check Hours:	
Plan Checker:(signature)	Approved Plans Routed To: In-house WC3 Shums Coda TRB
Received by Customer:	Date:
(signature)	